STUDENT ENROLMENT FORM

Please ensure all sections of the enrolment form are completed and all supporting documents are submitted so the application can be processed.

If you require assistance to complete this form, please contact the Enrolment Officer on 6235 7900.

Office Use Only			
In Area	Out of Area	Date Received	

PERSONAL DETAILS

Student's surname (must be legal surname)			
First Name		Other Names	
Preferred name			
Date of Birth (dd/mm/yyyy)			
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex		
Residential address			
Suburb		Postcode	
Student's mobile number			
Year level enrolling in		Commencing Year (e.g. 2027)	
School currently enrolled at			
Reason for school movement			

Is your child currently under suspension or excluded from an Australian school? If YES, please provide details below	☐ YES ☐ NO

STUDENT NUMBER (Can be found on the first page of your Child's school reports)

UNIQUE STUDENT IDENTIFIER NUMBER (USI)

A USI is a reference number that creates an online record of your training and qualifications attained in Australia. Your USI links to an online account which contains all your training record which you have completed from 1st January 2015 onwards.

One of the main benefits of having a USI is having easy access to your training records and transcripts. When applying for a job or enrolling in further study, you often need to provide these records. You will be able to access your USI account online anytime from your computer, tablet or smart phone.

Once you create your USI you will be able to:

- Give your USI to each training provided you study with
- View and update your details in your USI account
- View and download your training records and transcripts
- Manage which training providers can view your transcripts

To register and obtain a USI number please go to www.usi.gov.au and follow the instructions then print the USI in CAPITALS in the boxes below (please make sure that letters/numbers are written clearly).

PARENT/GUARDIAN 1 DETAILS			
Title	☐Mr ☐Mrs ☐Ms ☐Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex		
Parental Responsibility	☐ YES ☐ NO	Resides with student	☐ YES ☐ NO
Responsible for payment of school fees	☐ YES ☐ NO	Receive correspondence	☐ YES ☐ NO
To be contacted in an emergency	■ 1st		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	
Postal address (If different from above)			
Suburb		Postcode	
Does Parent/Guardian 1 mainly speak English at home	☐ YES ☐ NO		
Does Parent/Guardian 1 speak a language other than English at home	☐ YES, other ☐ NO, english only		
If yes, please specify. If more than one language, indicate the one that is spoken most often			
Interpreter required	☐ YES ☐ NO		
What is the highest year level of school Parent/Guardian 1 has completed	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9, equivalent or below		
(If parent/guardian did not attend school, tick 'Year 9 or equivalent or below')			
What is the level of the highest qualification Parent/Guardian 1 has completed	☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification		
What is the occupation group for Parent/Guardian 1 *(If Parent/Guardian 2 are not currently in paid work but have had a job in the last 12 months, please use their last occupation. If Parent/Guardian 1 have not been in paid work in the last 12 months, please tick 5.)*	☐ 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals ☐ 2. Other business managers, arts/media/sportspersons & associate professionals ☐ 3. Tradespeople, clerks and skilled office, sales & service staff ☐ 4. Machine operators, hospitality staff, assistants, labourers, and related workers ☐ 5. Unemployed, Retired, Student		

PARENT/GUARDIAN 2 DETAILS			
Title	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex		
Parental Responsibility	☐ YES ☐ NO	Resides with student	☐ YES ☐ NO
Responsible for payment of school fees	☐ YES ☐ NO	Receive correspondence	☐ YES ☐ NO
To be contacted in an emergency	☐ 2nd ☐ 3rd ☐ 4th		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	
Postal address (If different from above)			
Suburb		Postcode	
Does Parent/Guardian 2 mainly speak English at home	☐ YES ☐ NO		
Does Parent/Guardian 2 speak a language other than English at home	☐ YES, other ☐ NO, english only		
If YES, please specify. If more than one language, indicate the one that is spoken most often			
Interpreter required	☐ YES ☐ NO		
What is the highest year level of school Parent/Guardian 2 has completed	☐ Year 12 or equivalent ☐ Year 11 or equivalent ☐ Year 10 or equivalent ☐ Year 9, equivalent or below		
(If parent/guardian did not attend school, tick 'Year 9 or equivalent or below')			
What is the level of the highest qualification Parent/Guardian 2 has completed	☐ Bachelor degree or above ☐ Advanced diploma / Diploma ☐ Certificate I to IV (including trade certificate) ☐ No non-school qualification		
What is the occupation group for Parent/Guardian 2 *(If Parent/Guardian 2 are not currently in paid work but have had a job in the last 12 months, please use their last occupation. If Parent/Guardian 1 have not been in paid work in the last 12 months, please tick 5.)*	☐ 1. Senior Management in large business organisation, government administrations & defence, and qualified professionals ☐ 2. Other business managers, arts/media/sportspersons & associate professionals ☐ 3. Tradespeople, clerks and skilled office, sales & service staff ☐ 4. Machine operators, hospitality staff, assistants, labourers, and related workers ☐ 5. Unemployed, Retired, Student		

SIBLINGS DETAILS (currently attending Thornlie Senior High School)			
Name		Year Level	

ADDITIONAL EMERGENCY CONTACTS (Other than Parent/Guardian) – TO BE USED FOR ID PURPOSES

OTHER CONTACT DETAILS

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex		
Parental Responsibility	☐ YES ☐ NO	Resides with student	☐ YES ☐ NO
Responsible for payment of school fees	☐ YES ☐ NO	Receive correspondence	☐ YES ☐ NO
To be contacted in an emergency	☐ 2nd ☐ 3rd ☐ 4th		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	

OTHER CONTACT DETAILS

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Other _____	Surname	
Given Name/s			
Date of Birth (dd/mm/yyyy)			
Relationship to student			
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex		
Parental Responsibility	☐ YES ☐ NO	Resides with student	☐ YES ☐ NO
Responsible for payment of school fees	☐ YES ☐ NO	Receive correspondence	☐ YES ☐ NO
To be contacted in an emergency	☐ 2nd ☐ 3rd ☐ 4th		
Email			
Mobile phone number			
Telephone (work)			
Residential address			
Suburb		Postcode	

SMARTRIDER CARD CONSENT

I give permission for the student's details and photo to be released to the Public Transport Authority.
Students will receive their SmartRider within approximately 10 business days from the date their photo is taken and will be sent a notice to collect from the Library once they arrive. You can add value to the SmartRider at Transperth InfoCentres, add-value machines at a station or on board a bus with cash.
Enquiries regarding school bus services should be directed to the Public Transport Authority email enquire@pta.wa.gov.au or call 136 213.

Parent/Guardian Name		Signature	
Date			

☐ **If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.**

STUDENT DETAILS – ADDITIONAL INFORMATION			
Student's Religion (*If applicable)*			
Is the student to be withdrawn from religious instruction or activities?	☐ YES ☐ NO		
What was the first language spoken at home?			
Does the student speak another language other than English at home?	☐ YES, other ☐ NO, English only		
If YES, please specify. *(If more than one language, including Aboriginal language, indicate the one that is spoken most often)*			
Does the student mainly speak English at home?	☐ YES ☐ NO		
Is the student of Aboriginal or Torres Strait Islander origin?			
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander (TSI) ☐ Yes, both Aboriginal and TSI			
Is this student the subject to any court orders regarding their day to day or long-term care, welfare or development? **If YES, a copy of all court orders must be provided with this application**	☐ YES ☐ NO		
Is this student in the care of Director General of the Department of Communities – Child Protection and Family Support (CPFS)?	☐ YES ☐ NO		
If YES, please provide the following details:	CPFS District		
	CPFS Case Manager		
	Contact number		
Is this student an Australian Citizen?	☐ YES ☐ NO		
In which country was this student born?			
If born outside of Australia, please specify the date the student entered Australia			
Visa Sub Class Number		Visa Expiry Date	

Are you applying to enrol this student in a specialist program at this school?	☐ YES ☐ NO	
☐ Academic Extension Program	☐ Cheer & Dance Program	☐ Instrumental Music Program
☐ Netball Academy Program	☐ Specialised Rugby Academy Program	

DOCUMENTS THAT MUST BE PROVIDED WITH APPLICATION (all that are relevant)			
Checklist: Tick the boxes to indicate the documents you have provided to support this application.			
☐	Birth Certificate / Passport / Immicard	☐	Last School Report
☐	Proof of address - no more than 2 months old (Utilities bill or Lease Agreement)	☐	Medical Diagnosis Report/s
☐	Australian Immunisation Register (AIR) - no more than 2 months old	☐	Court Orders / Access Restrictions
IF BOTH PARENTS BORN OVERSEAS			
CHILD born in AUSTRALIA and a citizen		**CHILD on a VISA**	
You will also need to provide: ☐ Child's **AUSTRALIAN PASSPORT** Or ☐ Child's **AUSTRALIAN CITIZENSHIP CERTIFICATE** Or ☐ Parents' **AUSTRALIAN CITIZENSHIP CERTIFICATE** which pre-dates child's birth		You will also need to provide: ☐ Child's VISA Grant Notice	

PERMISSION TO PUBLISH

Your permission is sought from the school to publish video or photographic images of the student and/or samples of the student's schoolwork to be used by the school and the Department of Education. The purposes of using the images or work will be activities such as promoting the school, school events and student achievements.

The student's image and/or school work may be published for the above purposes in a range of formats such as hardcopy and digital, audio and video file formats, and published through a range of media including but not limited to school newsletters, email, school and Department of Education intranet and internet sites including social media websites (e.g. Facebook, YouTube etc.), and any third party applications and local newspapers and in hardcopy and digital formats, which may enable viewers/readers to identify your child.

The school will endeavour to limit identifying information that accompanies images of the student or student's work; however, there will be occasions when your child's name, class and school may be published along with the images.

Once signed, the consent will remain effective until such time as you advise the school otherwise.

PARENT/GUARDIAN DECLARATION

I give Thornlie Senior High School and the Department of Education permission for the student to be recorded and reproduction of photographic and video images and audio of the student and of their schoolwork to be used for the purposes as stated above.

IMPORTANT – PLEASE NOTE: I understand that while Thornlie Senior High School and the Department of Education will only use and/or publish the student's information for the above-stated purposes, the internet is accessible by any person/entity worldwide. I understand that the student's information can be accessed, copied, and used by any other person/entity using the internet (e.g. shared through social media such as Facebook, You Tube etc.) I understand that once the student's information has been published on the internet the school and Department of Education has no control over its subsequent use and disclosure. I understand that I can withdraw this permission at any time by contacting the school or Department of Education in writing; however, this will not affect materials that have already been published and disseminated.

☐ I agree	☐ I do NOT agree – please do NOT publish the student's photo/work

Student's name			
Parent/Guardian Signature		Date	
Student Signature		Date	

☐ **If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.**

PARENT GUARDIAN ENROLMENT DECLARATION

☐ I understand that the student's enrolment information is confidential and will be kept as required by the Department of Education's record keeping procedures. That information on the enrolment form will be used to meet the Department of Education's reporting requirements to other Government departments or agencies. This includes the Department of Health with my child's immunisation status as required.

☐ I understand that I am required to notify the school as soon as any of the enrolment details for the student change.

☐ I have provided all required documentation.

☐ I understand that if I provide false or misleading information the student's enrolment may be reconsidered or cancelled. Information may need to be checked by the school

Parent/Guardian Name		Signature	
Date			

☐ **If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.**

STUDENT HEALTH CARE

Please note if the student has a health condition, it is imperative that the extra health forms are completed and returned as soon as possible so the school can take appropriate action, if required. Where appropriate students should be encouraged to participate in their health care planning.

If you require assistance to complete this form, please contact the Enrolment Officer on 6235 7900.

PERSONAL DETAILS	
Student's surname	
First Name	
Date of Birth (dd/mm/yyyy)	
Gender	☐ Male ☐ Female ☐ Indeterminate/Intersex

SECTION A - INFORMED CONSENT	
Written authorisation must be provided for staff to administer any form of medication at school. Please request an Administration of Medication form if needed. All medication must be supplied by the parent/guardian.	
The student's health care information will be shared on an as-needed basis unless otherwise stated	
Do you give permission for the school to share the student's health care information? If the student is enrolled in a TAFE or alternative education program, this includes the transfer of their health care information to the principal or manager of that program.	☐ YES ☐ NO
Do you give permission for the student's medical details and photo to be on view for staff?	☐ YES ☐ NO
Has the student's Medical Practitioner provided a health care plan to assist the school to manage any medical conditions?	☐ YES ☐ NO ☐ Not Applicable

SECTION B - MEDICAL DETAILS			
Medical Practice			
Name of Doctor			
Address			
Phone Number			
Do you have Ambulance Insurance?	☐ YES ☐ NO	If YES, please specify the name of insurance provider	
Does the student have a Medic Alert bracelet or pendant?	☐ YES ☐ NO		
If YES, please specify condition			
Medicare Card Number		Ref no.	
Medicare expiry date	/		
Health Care Card (If applicable)			
Health Care Card expiry date	/ /		

SECTION C - CONDITIONS	
Does the student have a health condition? (or more than one?)	☐ YES, please complete the remainder of this form ☐ NO, please got to Section D
List the student's health condition(s)	

In the following table, please indicate the student's condition(s) and if they require the support of school staff. In response to the information below you will be given further forms for specific health conditions to complete.

Health Conditions (Tick the box that applies)	**Requires staff Support**
☐ Severe Allergy / Anaphylaxis	☐ YES ☐ NO
☐ Mild and Moderate Allergies	☐ YES ☐ NO
☐ Diabetes	☐ YES ☐ NO
☐ Seizures	☐ YES ☐ NO
☐ Asthma	☐ YES ☐ NO
☐ Activities of Daily Living	☐ YES ☐ NO
☐ **Other Conditions or Needs** (please specify below)	☐ YES ☐ NO
Will school staff require any specific training to support the student?	☐ YES ☐ NO
If YES, please provide details	

SECTION D – PARENT/GUARDIAN HEALTH CARE SUMMARY DECLARATION			
☐ I confirm the information provided is true and correct.			
Parent/Guardian Name		Signature	
Date			
☐ **If you are completing this form online and are unable to sign this form, please tick this box to confirm your declaration.**			

APPROVAL OF PRINCIPAL OR DELEGATE (OFFICE USE ONLY)			
Enrolment Approved?	YES NO	Date Processed	
Name of Principal / Delegate		Signature	